PERMITTEE NAME/ADDRESS (Include Facility Name/Location if different) NAME CYPRUS THOMPSON CREEK MINING C ADDRESS P.O. BOX 62 CLAYTON ID 83227

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)
DISCHARGE MONITORING REPORT (DMR)

(17-19)(2-16)ID0025402

001 A DISCHARGE NUMBER

M09

F - FINAL DISCHARGE TO BUCKSKI FXPICER & ENGS

Form Approved OMB No. 2040-0004

MONITORING PERIOD Pay 01 FROM

PERMIT NUMBER

(SUBR 03) MAJOR

ATTN: CHRIS JANES,	VICE PRES	GEN MGR	(20-21)	(22-23) (24	(26-27) (2		OTE: Read instru		re com	pleting thi	s form.
PARAMETER		(3 Card Only) QUANTITY OR LOADING (46-53) (54-61)			(4 Card Only) QUALITY OR CONCENTRATION (46-53) (54-61)			1		FREQUENCY	Y CAMPIE
(32-37)		AVERAGE	MAXIMUM	UNITS	MINIMUM	AVERAGE	MAXIMUM	UNITS	EX (62-63)	10000000000000000000000000000000000000	(69-70)
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P. H. Fitch  Vice President/General Manager  On My INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION INFORMATION IS TRUE. ACCURATE AND COMPLETE I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION. INCLUDING INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT SEE IS U.S.C. \$ 1001 AND SIGNATURE OF PRINCIPAL EXECUTIVE							out 208	8   838-2	200	89 10	10
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COMMENT AND EXPLANATION OF ANY	VIOLATIONS (Re)	ference all attachments	here)	entengang ang jugawa ditu ditu di tahun 1998 di nayan ang			COD	<u> </u>			

FACILITY

LOCATION

00099/091488-2159

Facility Name Location if different HOMPSON CREEK MINING C **DISCHARGE MONITORING REPORT (DMR)** F - FINAL OMB No. 2040-0004 (17-19)(2-16)ID0025402 001 A DISCHARGE TO BUCKSKI FXPICE 28188 ADDRESS P.O. BOX 62 ID 83227 CLAYTON PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD FACILITY YEAR DAY PAY MAJOR (SUBR 03) LOCATION FROM TO CHRIS JANES, VICE PRES/GEN MGR ATTN: NOTE: Read instructions before completing this form. (20-21) (22-23) (24-25) (26-27) (28-29) (30-31) (3 Card Only) QUANTITY OR LOADING (4 Card Only) QUALITY OR CONCENTRATION REQUENCY SAMPLE (46-53)(54-61)(46-53)(54-61)(38-45)PARAMETER OF TYPE (32-37)AVERAGE MAXIMUM UNITS MUNIMUM AVERAGE MAXIMUM UNITS (62-63)(64-68) (69-70) \*\*\* \*\*\* \*\*\* FLOW, IN CONDUIT OR SAMPLE MEASUREMENT THRU TREATMENT PLANT -0--0-Dail REPORT \*\*\*\* NAME OF TAXABLE \*\*\*\* **50050** 1 0 0 REPORT DATE PERMIT EFFLUENT GROSS VALUEREQUIREMENT 30DA AVG DAILY MX MGD \*\*\* \*\*\*\* \*\*\*\* \*\*\*\* \*\*\*\* MERCURY, TOTAL SAMPLE MEASUREMENT (AS HG) \*\*\*\* DNCE/ \*\*\* \*\*\*\* STATE OF THE PARTY .0002 GRAB **71900 1 0 0** PERMIT REQUIREMENT EFFLUENT GROSS VALUE di di di di DAILY MX MG/L MONTH SAMPLE MEASUREMENT Zero Discharge PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT SAMPLE MEASUREMENT PERMIT REQUIREMENT TELEPHONE NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I CERTIFY UNDER PENALTY OF LAW THAT I HAVE PERSONALLY EXAMINED DATE AND AM FAMILIAR WITH THE INFORMATION SUBMITTED HEREIN: AND BASED ON MY INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION, I BELIEVE THE SUBMITTED INFORMATION P.H. Fitch P.H. Fitch

Vice President/General Manager That There are significant Penalties for submitting false information, including the possibility of fine and imprisonment see 18 usc \$ 1001 and 1838-2200 89 80 10 10 SIGNATURE OF PRINCIPAL EXECUTIVE 33 USC \$ 1319 (Penalties under these statutes may include fines up to \$10,000) and or maximum imprisonment of between 6 months and 5 years.) OFFICER OR AUTHORIZED AGENT NUMBER YEAR TYPED OR PRINTED MO DAY COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

PERMITTEE NAME/ADDRESS (Include

00100/091488-2159

Form Approved

FACILITY

LOCATION

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

F - FINAL

Form Approved OMB No. 2040-0004

PERMITTEE NAME ADDRESS (Include Facility Name/Location if different) NAME CYPRUS THOMPSON CREEK MINING C ADDRESS P.O. BOX 62

(2-16)ID0025402

(17-19)002 A

DISCHARGE TO PAT HUG FREISES E-RIESEK

ID 83227 CLAYTON

PERMIT NUMBER

DISCHARGE NUMBER MONITORING PERIOD

MAJOR (SUBR 03) TO

ATTN: P. H. Fitch	VICE PRES	/GEN MGR	(20-21)	(22-23) (24	1-25) (26-27) (28	8-29) (30-31) N	OTE: Read instru	ctions befo	re con	pleting this	form.
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

00147/091488-2159

Facility Name/Location if different NAME CYPRUS THOMPSON CREEK MINING C ADDRESS P.O. BOX 62  CLAYTON ID 83227			I DOO	(2-16) (25402	OI	RING REPORT (DMR) (17-19)  OO2 A  DISCHARGE TO PA				Form Approved OMB No. 2040-0004 T HUG FEDS CRESK			
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ATTN: P. H. Fitch	VICE PRES	GEN MGR	(20-21)	(22-23) (24			IOTE: Read instru		re com	nleting thi	e form		
PARAMETER (32-37)		(3 Card Only) QUA (46-53)				QUALITY OR CONC (46-53)			NO.	FREQUENCY	SAMPLE		
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TYPED OR PRINTED and or maximum imprisonment of bei				rurs.)	OFFICE	R OR AUTHORIZE	D AGENT AREA	NUMBE	R	YEAR MC	DAY		
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Cyprus Thompson Creek

Post Office Box 62 Clayton, Idaho 83227 Telephone (208) 838-2200

October 10, 1989

Chief, Water Compliance Section U.S. EPA 1200 Sixth Avenue Seattle, WA 98101

Attn: Water Compliance Section, WD-135

Dear Sir:

Enclosed are the August discharge monitoring reports for Source Points 001 and 002 from the Cyprus Thompson Creek Mine.

If you have any questions, please advise.

Sincerely,

Bert Doughty

Supervisor, Environmental Affairs

cc: Idaho Department of Health and Welfare, Boise